

CHANGE OF BENEFICIARY FORM

- In order for a change of Beneficiary request to be processed, the Beneficiary must meet all requirements outlined in the MPACT Rules and Regulations.
- To change the Beneficiary, the current MPACT Contract Purchaser must complete all sections of this form and remit a twenty five dollar (\$25.00) Change of Beneficiary fee to: MPACT P.O. Box 120, Jackson, MS 39205-0120, or pay the plan change fee electronically through On-Line Account Access. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____
Purchaser Name (First, MI, Last): _____
Beneficiary Name (First, MI, Last): _____
Purchaser Primary Number: (____) _____ Secondary Number: (____) _____
Projected Enrollment Year of Original Beneficiary: _____

Have the benefits been used by the Original Beneficiary? ☐ Yes* ☐ No

* If you answered "yes" you must meet the following requirements:

1. The MPACT Contract must have at least 15 unused semester hours;
2. The Substitute Beneficiary does not already have an existing MPACT Contract; and
3. Request must be made prior to the original Beneficiaries college graduation.

Note: The above requirements only apply to requests after contract benefits have been utilized by the original Beneficiary. In these instances, the Projected Enrollment Year of the original Beneficiary will remain the same for the Substitute Beneficiary.

Section II: Substitute Beneficiary Information

Substitute Beneficiary Name (First, MI, Last): _____

Relationship to Original Beneficiary (choose one):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Brother/sister | <input type="checkbox"/> Legally adopted brother/sister | <input type="checkbox"/> First cousin |
| <input type="checkbox"/> Half-brother/sister | <input type="checkbox"/> Step-brother/sister | |

Primary Phone Number: _____

Street Address/P.O. Box/Apt. #: _____

City / State / Zip Code: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

- Was the Substitute Beneficiary born at the time the original MPACT Contract was purchased?
☐ Yes ☐ No
- Is the Substitute Beneficiary eighteen (18) years of age or younger? ☐ Yes ☐ No

Section III: Purchaser Signature

I authorize this change of Beneficiary and certify that the listed substitute Beneficiary meets the criteria as specified in the MPACT Master Contract.

Purchaser Signature

Date

NOTICE

Purchasers who knowingly supply fraudulent documentation will be subject to penalties defined in the MPACT Master Contract and other civil and criminal penalties as provided by law.



Lynn Fitch
STATE TREASURER
COLLEGE SAVINGS MISSISSIPPI
| MPACT |